



FORM  
ORG  
(Rev. 5/2013)

'14 MAY 29 A11 :04



**HAWAII STATE ETHICS COMMISSION  
ORGANIZATION'S EXPENDITURES AND CONTRIBUTIONS REPORT**

STATE OF HAWAII  
STATE ETHICS COMMISSION

REPORT YEAR: 2014 ☐ Amended Statement

For Lobbying Reporting Period: ☐ January 1 - last day of February ☒ March 1 - April 30 ☐ May 1 - December 31

**ORGANIZATION INFORMATION**

Organization Name: HAWAII RENEWABLE ENERGY ALLIANCE Contact Person: WARREN BOLLMEYER

46-040 KONA PL #3816

Mailing Address (Number and Street or P.O. Box)

City: KANE OHE State: HI Zip Code: 96744  
Telephone: 808-247-7753 Extension: \_\_\_\_\_ Email Address: wsb@lava.net

**PART I. TOTAL EXPENDITURES**

	Total Amount
1 Preparation & Distribution of Lobbying Materials _____	1 _____
2 Media Advertising _____	2 _____
3 Postage _____	3 _____
4 Compensation Paid to Lobbyists ( <b>Attached Additional Sheets As Needed</b> )	
<i>List the names of all lobbyists and compensation paid to lobbyists during the statement period</i>	
Lobbyist Name	Compensation Paid
A. <u>WSB-HAWAII</u>	A. <u>\$0</u>
B. _____	B. _____
C. _____	C. _____
D. _____	D. _____
E. _____	E. _____
F. _____	F. _____
G. Total from Additional Attached Sheet(s) _____	G. _____
Add lines A through G _____	Total Compensation Paid ► 4 <u>\$0</u>
5 Fees Paid to Consultants (other than to Lobbyists) _____	5 _____
6 Entertainment & Events _____	6 _____
7 Receptions, Meals, Food & Beverages _____	7 _____
8 Gifts _____	8 _____
9 Loans _____	9 _____
10 Other Disbursements _____	10 _____
Add lines 1 through 10 _____	Total Expenditures ► <u>\$0</u>

**EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY**

Name and address of each person with respect to whom expenditures for the purpose of lobbying in the total sum of \$25 or more in any single calendar day was made and amount or value of expenditures

Name & Address	Amount or Value

☐ Check here if additional sheets are attached

**AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON**

Name and address of each person with respect to whom expenditures for the purpose of lobbying in the aggregate of \$150 or more was made during the statement period and amount or value of expenditures.

Name & Address	Amount or Value

☐ Check here if additional sheets are attached

**PART II. CONTRIBUTIONS RECEIVED**

Name and address of each person making contributions to the filer for purposes of lobbying in the total sum of \$25 or more during the statement period and the amount or value of such contribution.

Name & Address	Amount or Value

☐ Check here if additional sheets are attached

**PART III. SUBJECT AREAS OF LOBBYING**

Legislative and/or administrative action in the following areas was supported or opposed during the statement period.

- |                                                                              |                                                         |                                                                             |                                                                     |
|------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Agriculture                                         | <input type="checkbox"/> Education                      | <input type="checkbox"/> Human Services                                     | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities                   | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input type="checkbox"/> Consumer Protection & Commerce                      | <input type="checkbox"/> Hawaiian Affairs               | <input type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation                | <input type="checkbox"/> Health                         | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other (indicate below):                    |
| <input checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing                        | <input type="checkbox"/> Public Safety & Corrections                        |                                                                     |

**AUTHORIZED PERSON**

JODY ALLIONE

Print Name of Authorized Person (First M.I. Last)

SECRETARY/TREASURER

Title

5/23/14

Date (m/d/yyyy)

☐ **CERTIFICATION:** By checking this box, you signify and affirm that you are the person whose name appears as the "Authorized Person" above and the information contained in the form is true, correct and complete to the best of your knowledge and belief. You further certify that you understand that there are statutory penalties for failing to report the information required by Hawaii law.